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Socio-Economic Factors Affecting Child Health: A Case Study of Sargodha District

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Abstract

In the modern era, malnutrition in children is the primary cause of sickness and mortality worldwide, but especially in underdeveloped nations. Children who are malnourished experience significant delays in their physical development and academic success. The main objective was to investigate the socio-economic determinants influencing the health of children in the Sargodha District. Population of the present study was parents, having at least one child. Multi stage sampling method was used and study was quantitative in nature. Since maximum of the population comprised of literate parents, therefore, questionnaire was used as tool of data collection. Major findings revealed that: majority of the respondents agreed that families with higher socio-economic status (SES) can better nurture their children than those with lower SES and parents with lower SES cannot give their children proper health facilities. Majority also agreed that poor sanitation in slums; polluted environment, less education, lack of parental awareness, mental and physical stress, marital friction, larger family size, poverty & scarcity of economic resources are contributing factors towards child health problems. Moreover, the study suggests supply of adequate amount of funds to school and health department and good governance to combat these issues.

Keywords: Child Health, Low Socio-Economic Status, Poverty Mental and Physical Stress

Introduction

Health is a social need of every society. It helps individuals to improve their socio-economic status in the society. It is due to the fact that for the mutual co-existence and growth of society, socio-economic status of its members is of utmost necessity (Voogle, 2017). In order to measure socio-economic status (SES) numerous techniques have been adopted, but most of them are quantification of

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household income, parental education, and their occupational status (Adhikari, 2006). Many studies have demonstrated links between a child's family background and health. In research relevant to child health, socioeconomic and demographic characteristics such as parental education, family income, race, and ethnicity always come out as the major determinants. Poor socioeconomic status has constantly been found to be a predictor of poor child health, according to widespread observation (Check, 1994). Children, being the constructors of a future nation, should have good health. Since children enjoy a pivotal position in the nation's present and its future, so everyone who is related to them is highly committed to ensure comfort zone for them that they are healthier, wiser, more active and possess maximum potential as they have required for their life (Iram & Butt, 2008). Children are more at risk than adults and the poor economic status of the household adversely affects child health through poor hygienic conditions, malnutrition, lack of health services and lack of awareness. Particularly in developed countries, 21st century has been an indication of reduced infant and child mortality as it has steadily decreased it to the minimal levels. It is found that occupational categories vary from country to country. Longest held occupation of person, in majority of the studies have used as common family occupation but in socio economic studies, family occupation is significant for determining childhood socioeconomic conditions (Kolesnikov & Angeles, 2009). Malik & Bakir (2007) through their study conducted in India exhibited a sturdy relationship between father's occupation and health of the child. According to Kolesnikov & Angeles (2009) collective family income is more important to woman who is not engaged in income generating activities. However, there are some studies which show medium to high impact of household income on child health. Gruebner et al. (2015) in Kenya studied characteristics of the mother and children e.g. small number of child death, older-age mothers, decent education status, water and sanitation facilities, good housing conditions, girl child, and marital status were associated with low child mortality. Nonetheless, the infant mortality rate in Pakistan was not encouraging, at 64 per 1000 live births in 2014-2015 (UNDP, 2015), far behind the targets set by the Millennium Development Goals (MDGS), which were later renamed the 2030 Agenda for Sustainable Development (SDGs) in 2015. (United Nations, 2015). The United Nations Organization (UNO) has established a number of health objectives for all nations to follow in order to guarantee their citizens' access to medical care.

One of the biggest ways to analyze the health of the children is through infant mortality and the proxy-measures of socio-economic elevation (Ata Guba et al, 2011). Cultural barriers contribute significantly to maternal and infant mortality because people in rural areas frequently opt not to use available healthcare facilities. Instead of travelling to the hospital or other medical institutions, people turn to alternative medicine and local healers (United Nations. 1999). The National Health Vision has implemented the following objectives just to recover the health and

well-being of the Pakistani society: Supply a unified vision to boost health whereas making certain provincial autonomy and variety, reciprocate with provincial and federal strives in strengthening the progress, having learned through practical and heading towards the goals of good health, enhance compliance with international instruments and treaties of child health, increase collection of information, surveillance, coordination, and conducting research for improving health systems and lay a foundation basis for implementing Sustainable Development Goals (SDGs) (Government of Pakistan, 2016).

Pakistani government has started a number of projects to provide various healthcare facilities at hospitals. There are basic health units (BHUs) in practically every community in rural areas, and these BHUs offer services for mother and child health care. The government also provides infants with medicines and immunizations to protect them from disease and to reduce the infant mortality rate (Afzal & Yusuf, 2013). The study at hand is important because it will identify the key factors affecting children's health and examine whether they are operating effectively in a place like Pakistan. The findings of the study also highlighted the region's need for better maternity and childcare facilities.

Scope of Research

The findings have implications for policymakers in education and social work. A child's financial status and parental concerns are important indicators of his or her health. The research has significance for the literacy and training sectors as well, as it demands parents to be taught and given pre-planned training in order to care for their children's health and nutrition.

Rationale of Research

The current study makes a contribution to the fields of education and social work. The researcher conducted research with malnourished children who performed poorly at school. The parent-teacher meeting minutes and academic performance produced a research gap that must be filled in order to investigate the parents' socioeconomic status and its relationship to academic achievement.

Research Question

The socioeconomic determinants that have an impact on children's health in the district of Sargodha were the primary research issue in this study.

Objective of Research

The major objective of the research was to identify the socio-economic variables that affect children's health in the Sargodha district.

Literature Review

The Socioeconomic factors concerning parental education cover an intricate field of literature. In order to determine how parental education impacts educational attainment of children, researchers have laid their attention on various specific variables. Through the interplay of these variables the researchers have revealed that literacy is a social practice (Compton-Lilly, 2008). The common variables include individual, school, culture and home. The objectives of such studies have usually been to conduct in-depth mastery reviews of relevant literature which the academicians over the last 15 have documented regarding the effects of culture and society, individual, peers and school on the educational performance of the students (Sangawi et al, 2016). The purpose of these researches had been to extend researchers' proficiency to enhance a deeper knowledge the academicians got through their studies and experiences.

Healthy and energetic members of the society depend upon healthy mothers. Although girls, who are future mothers, are biologically better off and can better cope with unfavorable circumstances than boys yet they become vulnerable in differential healthcare practices in spite of the fact that a large fraction of these children are taken to a healthcare provider instantly. It shows inadequacy of the healthcare facilities in the society which are resorted to seek ailments of the children. The quick measures adopted are not effective in achieving for them adequate medical treatments for their children. It is due to the improper policies that even those children die whose ailments are clinically preventable. The high referral and low cure ratios give stress to improve the local healthcare facilities with regard to staff and facilities. Need assessment is needed as far as rationale management of sickness and quality of care is concerned. According to Sreeramareddy et.al (2013) in Nepal displayed child mortality pattern was higher in ignorant mothers than those of the educated ones during a period of (1991 to 2011).

A study conducted on newborns of Nepal exhibited that risk of infant mortality raises with avoidance of breastfeeding to the newborns. About 7.7% deaths of neonatal can be fended off if breastfeeding in newborns is stated within a period of one an hour after birth (Mullany et al. 2008). It reveals that the mother and child both area high risk of infection. Almost half of the births, in Raj Shahi district, are performed in such places and phenomenon behind this reason is traditional beliefs, socio-cultural values, and the lack of awareness (Hossain et al, 2007). Luo and Waite (2014) showed through his research the children having poor

health show poor performance in school. Data displays that low SES lay its impact on education, future health and income. Currie and Lin (2013) compared the child health of low socio-economic status children with those of high socio-economic status. Data

Illustrates that children from lower socioeconomic backgrounds are more inclined to have a low birth weight than those from higher socioeconomic backgrounds. The data of U.S., Canada and Britain show that the gap of child health between low and high socioeconomic status starts from birth and continues through adulthood and beyond. It is because of universal health insurance coverage in these three countries. Evidences from the U.S., Canada and Britain recommend that poor children are likely to suffer from chronic diseases than rich ones. A study conducted by Brainerd & Menon (2015) health and religion in early years of childhood in South Asia showed the part of religion in child health. The research was conducted in Nepal, India, and Bangladesh to determine the impact of religion on child health. Women autonomy, dietary restrictions and son preferences affects child health because of religious behavior. Result showed that the ratio of Muslim infants' survival is higher than those born to Hindu families. Stroh Schein (2013) said that persistent poverty lays worse impacts on child health than current poverty. Findings of numerous studies suggest that persistent poverty lays its worse impacts on children's physical and mental health than the current poverty. According to the report of UN, Department of Economic and Social Affairs, Population Division, 2011, among all the Asian countries, China and India have higher female child mortality rates. A research conducted in India shows that more female child mortality in the country is due to the cultural factors. Gender discrimination which is a part of cultural values can be overcome through socio-economic development (Kishor 1993).

According to Jones et al., (2012) mother's education lays its positive effect on child health. In the U.S., between (1960s to 1970s) women's education was raised to observe its impacts on children's health. It was observed that those mothers who were well educated care more the infants' health than those who were uneducated or poorly educated ones.

Research Methodology

The present study was designed to identify the socio-economic factors responsible for child health in Sargodha district. The universe of this study consisted of Sargodha district. Multi-staged sampling technique was applied and data was collected from 200 respondents (both male and female parents) from Sargodha district. Questionnaire as a data collection tool was applied which was comprised on 14 items.

Analyses and Interpretations

Data was analyzed using descriptive and inferential statistics. Frequencies and percentages were computed. Independent sample t-tests and One-Way ANOVA tests were used to evaluate hypotheses.

Table No.1

Demographics Profile of the Sample

Gender	**F**	**Percentage (%)**
Male	120	60
Female	80	40
Total	**200**	**100**
Family Structure	**F**	**Percentage (%)**
Nuclear	56	28
Joint	124	62
Extended	20	10
Total	**200**	**100**

Qualification	**F**	**Percentage (%)**
Illiterate	26	13
Primary/Matric	80	40
Intermediate/Bachelors	52	26
Masters/M.Phil./PhD	42	21
Total	**200**	**100**

Monthly Income	**F**	**Percentage (%)**
10,000-20,000	80	40
21,000-30,000	58	29
31,000-40,000	34	17
Above	28	14
Total	**200**	**100**

The gender of the respondents is reflected in the data in the following table. 60% of the responses were male, with the remaining 40% being female. The table also included data about the respondents' familial situations. The majority of responders (62%), had a blended family, 27% had a nuclear family, and 10% had an extended family.

According to the data shown above, 40% of respondents have a primary/matric education. Intermediate/Bachelor education was held by 26% of respondents. Masters/MPhil/PhD education was held by 21% of respondents. 13% of those polled were illiterate. According to the data, the bulk of respondents' monthly income ranged between $10,000 and $20,000. The monthly income of 29% of respondents ranged from $21,000 to $30,000. The monthly income of 17% of respondents ranged from $31,000 to $40,000. Just 14% of respondents had a monthly salary of more than 40,000. Because the majority of respondents had a monthly income of $10,000-20,000, the data indicate that the majority of respondents have a modest monthly income.

Table No. 2

Impact of Educational Status on Children's nurture

Categories	F	Percentage (%)
Strongly Agree(SA)	38	19
Agree(A)	86	43
Neutral(N)	38	14
Disagree(DA)	34	17
Strongly Disagree(SDA)	14	7
Total	200	100

According to the findings, 43% of respondents agreed that parental education has an impact on children's upbringing. 19% of respondents strongly agreed, while 17% disagreed. 14% respondents were undecided. 7% of respondents strongly disagreed with this. Because the majority of respondents agreed or strongly agreed with the statement that parental education influences children's nurture, they seek opportunities to provide better education to children who, in their eyes, are the future parents of the next generation.

Table No.3

Parents Healthy lifestyle Influences on their Children's health

Categories	F	Percentage (%)
Strongly Agree(SA)	70	5
Agree(A)	64	32
Neutral(N)	34	17
Disagree(DA)	20	10
Strongly Disagree(SDA)	12	06
Total	200	100

According to the findings, 35% of respondents strongly agreed that parents' healthy lifestyles really have an impact on their kids. 17% of respondents remained indifferent, while 32% of respondents expressed agreement. 10% of those surveyed disagreed. Just 6% of respondents firmly disagreed with this. Although more than two thirds of respondents agreed and strongly agreed with the statement that parents' healthy lifestyle influences their children, parents should set a positive example for their kids by living a healthy lifestyle themselves.

Table No.4

Low Income Parents try to provide healthy Environment to their Children

Categories	F	Percentage (%)
Strongly Agree(SA)	58	29
Agree(A)	90	45
Neutral(N)	26	13
Disagree(DA)	18	9
Strongly Disagree(SDA)	8	4
Total	200	100

The data revealed that 45% respondents were agreed that parent’s having low income try to provide healthy environment to their children. 29% of respondents strongly agreed. 13% of respondents were indecisive. 9% of respondents disagreed. This was strongly disagreed by 4% of respondents. A little less than three-quarters of respondents agreed or strongly agreed with the statement that low-income parents strive to provide a healthy environment for their children. It means that parents despite financial constraints parents leave no stone unturned to provide healthy environment to their children.

Table No. 5

Lack of Awareness of cause of Child Health Problems

Categories	F	Percentage (%)
Strongly Agree(SA)	46	23
Agree(A)	90	45
Neutral(N)	28	14
Disagree(DA)	26	13
Strongly Disagree(SDA)	10	5
Total	200	100

The research revealed that 45% of respondents thought that parents' ignorance is the primary cause of children's health issues. 23% responders were strongly agreed. 14% of respondents expressed no response. 13% of survey participants disagreed. 5% respondents were strongly disagreed to this. The

majority of respondents—more than two thirds—agreed and strongly agreed with the statement that parents' ignorance of the issue is a key contributor to children's health complications. As has been revealed in the Table 21 that illiterate parents remain less conscious about their children's health, the phenomenon of awareness is associated with education. The more you are educated the more you will be aware of the health-related information.

Table No.6

Effects of Malnutrition on Children's Health

Categories	F	Percentage (%)
Strongly Agree(SA)	60	30
Agree(A)	66	33
Neutral(N)	40	20
Disagree(DA)	24	12
Strongly Disagree(SDA)	10	5
Total	200	100

The data revealed that 33% respondents were agreed that mal-nutrition affects children's health. 30% respondents were strongly agreed whereas 20% respondents were remained neutral. 12% respondents were disagreed. 5% respondents were strongly disagreed. Since an overwhelming number of respondents were agreed and strongly agreed to the statement that mal-nutrition affects children's health. Therefore, parents should pay proper attention to diet and nutrition of their children.

Table No.7

Satisfaction about different campaigns initiated by the government

Categories	F	Percentage (%)
Strongly Agree(SA)	16	8
Agree(A)	40	20
Neutral(N)	48	24
Disagree(DA)	44	22
Strongly Disagree(SDA)	52	26
Total	200	100

According to the figures, 26% of those surveyed strongly disagreed with the statement that they are pleased with the different governmental campaigns. In response, 24% expressed neutrality. 22% of survey participants disagreed. 20% of those surveyed agreed. 8% of those surveyed strongly agreed. When asked if they agreed or strongly agreed with the government's various campaigns, nearly half of the respondents said they did not. The respondents' opinions were formed for two

reasons: first, the initiatives lacked appropriate funding, and second, there was poor governance.

Table No. 8

Physician's role is important for Treatment

Categories	F	Percentage (%)
Strongly Agree(SA)	42	21
Agree(A)	88	44
Neutral(N)	38	19
Disagree(DA)	20	10
Strongly Disagree(SDA)	12	6
Total	200	100

According to the findings, 44% of respondents believed that the function of the doctor in treating children is crucial. 21% of those surveyed strongly agreed. The neutral response rate was 19%. 10% of those surveyed disagreed. Just 6% of respondents firmly disagreed. The assertion that a doctor's involvement is really crucial for treating children was agreed upon and strongly agreed upon by slightly fewer than two thirds of the respondents. Their assertion is supported by the evidence that self-medication and treating a child without contacting a doctor can result in child fatalities.

Table No.9

Private Health Sector plays Vital Role Health Facilities

Categories	F	Percentage (%)
Strongly Agree(SA)	28	14
Agree(A)	64	32
Neutral(N)	30	15
Disagree(DA)	32	16
Strongly Disagree(SDA)	46	23
Total	200	100

The data revealed that 32% respondents were agreed that private health sector plays vital role in providing health facilities. 23% of respondents were strongly disagreed. 16% of respondents were disagreed. 15% of respondents were indifferent. 14% of respondents strongly agreed. More than half of the respondents agreed or strongly agreed with the statement that the private health sector has a significant role in providing health care. It is because of the fact that (as described

in Table 27) respondents were disagreed and strongly disagreed to the statement that they are satisfied about different public sector health campaigns.

Table No.10

Contaminated Water creates many Diseases among Children

Categories	F	Percentage (%)
Strongly Agree(SA)	72	36
Agree(A)	64	32
Neutral(N)	30	15
Disagree(DA)	18	9
Strongly Disagree(SDA)	16	8
Total	200	100

The data revealed that 36% respondents were strongly agreed that contaminated water creates many diseases among children. 32% respondents shown agreement. 15% respondents stayed neutral. 9% respondents reported disagreement. 8% respondents reported strong disagreement. Since an overwhelming number of respondents were agreed and strongly agreed to the statement that contaminated water creates many diseases among children, so the parents should bear in mind to avoid the use of contaminated water.

Table No.11

Environmental Pollution Affects Child Health

Categories	F	Percentage (%)
Strongly Agree(SA)	56	28
Agree(A)	76	38
Neutral(N)	38	19
Disagree(DA)	18	9
Strongly Disagree(SDA)	12	6
Total	200	100

According to the findings, 38% of respondents agreed that environmental pollution has an impact on children's health. 28% of respondents strongly agreed. Neutrality was expressed by 19% of respondents. 9% of respondents disagreed. 6% of respondents strongly disagreed. Two-thirds of respondents agreed or strongly agreed with the statement that environmental pollution has an impact on child health. The environment is extremely contaminated in urban areas. As a result, the government should prioritize this issue.

Inferential Analysis

Hypothesis 01: There is a significant difference of child health regarding age of the children.

Table No.12

Comparison of Children's Health regarding their Age

	SS*.	**Df.**	**Mean Square**	***F***	**Sig.**
Between Groups	2391.963	2	1195.98	12.35	.000
Within Groups	11331.029	117	96.85		
Total	13722.992	119			

SS8=Suma of Squares

The F- ratio 12.35 is statistically significant which indicates that child health differs with respect to age of the children. Therefore, the hypothesis that there is a significant difference of health among various age groups of children has been accepted. As the highest means score i.e. 109 is of age group 15-18 years, therefore, the health of children in this age group is better.

Hypothesis 02: There is a significant difference of child health regarding birth place of the children

Table No.13*:*

Comparison of Children's Health regarding their Birth Place

Birth Place	**Mean**	***T***	**P value**
Urban	97.03	- 7.786	.000
Rural	110.02		

The t- ratio -7.786 is statistically significant which indicates that children belonging to urban area possess better health than those who hail from rural areas. Therefore, the hypothesis is accepted.

Hypothesis 03: There is a significant difference of child health regarding sex of the children.

Table No.14:

Comparison of Children's Health Regarding their Sex

Gender	**Mean**	***t*-ratio**	**P value**
Male	112.381	5.340	.000
Female	99.342		

The t- value 5.340 is statistically significant which indicates that male children possess better health than female children. Therefore, the hypothesis that there is a significant difference of children's health regarding their sex is accepted.

Hypothesis 04: There is a significant difference of child health regarding their fathers' education.

Table No.15

Comparison of Children's Health Regarding Fathers' Education

	SS.	**Df.**	**MS.**	***F-ratio***	**Sig.**
Between Groups	935.07	2	467.54	4.32	.045
Within Groups	12654.25	117	108.15		
Total	13589.32	119			

The F- ratio 4.32 is not statistically significant which indicates that child health does not differ with respect to their fathers' education. Therefore, the hypothesis that there is a significant difference of children's health regarding various levels of their fathers' education has been rejected.

Hypothesis 05: There is a significant difference of child health regarding their mothers' education.

Table No.16

Comparison of Children's Health Regarding Their Mothers' Education

	SS.	**Df.**	**MS.**	***F-ratio***	**Sig.**
Between Groups	2026.77	2	1013.38	10.26	.000
Within Groups	11562.55	117	98.83		
Total	13589.32	119			

The F- ratio 10.26 is statistically significant which indicates that health of the children differs with respect to their mothers' education. Therefore, the hypothesis has been accepted. As the highest means score i.e. 110.5 is of children whose mothers have secondary education, therefore, the child health of this level is better.

Hypothesis 06: There is a significant difference of children's health regarding their father's occupation.

Table No.17

Comparison of Children's Health Regarding Their Fathers' Occupation

	SS.	Df.	Mean Square	*F*	Sig.
Between Groups	592.78	2	148.20	0.856	.493
Within Groups	19744.52	117	1173.20		
Total	20337.30	119			

The F- ratio 0.856 is not statistically significant which indicates that child health did not differ with respect to their fathers' occupation. Therefore, the hypothesis that there is a significant difference of children's health regarding their fathers' occupation has been rejected.

Hypothesis 07: There is a significant difference of child health regarding household income of the children.

Table No.18

Comparison of Children's Health regarding their Household Income

	Sum of Squares	Df	Mean Square	*F*	Sig.
Between Groups	1428.49	2	714.25	4.42	.01
Within Groups	18916.71	117	161.68		
Total	20345,20	119			

The F- ratio 4.42 is statistically significant which indicates that child health differs with respect to children's household income. Therefore, the hypothesis that there is a significant difference of children's health regarding various levels of their household income has been accepted. As the highest means score i.e. 161.68 is of the children with more than 40000 rupees as their monthly household income, therefore, the health of these children was better.

Discussion

Child malnutrition is rapidly growing into one of the most important societal issues in developing countries such as Pakistan. Insufficient dietary intake, inadequate care, infectious diseases, and unequal food distribution at the home level are the main factors that increase children's vulnerability to malnutrition. The study concludes that factors such as economic position, malnutrition, environment, and lack of awareness have an impact on children's health. Child health greatly differs with respect to the birth place of the children. Children from urban areas have greater health than those from rural areas, and there are notable differences between the sexes of the youngsters. Male children have better health than female children have. There are no noticeable disparities in the health of the children depending on

the fathers' engagement in their education. The health of children is significantly impacted by what mothers educate their children. Children with a secondary education are healthier than children without one. Child health does not alter considerably depending on the work of the father. The occupation of the father had no effect on the health of the child. Child health varies greatly according to the children's household income. Children with household incomes greater than Rs.40,000 had better health. As Rutter (2013) explained that the children of such families who have low socioeconomic status are prone to have bad health. This is not necessarily because of poorer genetic endowment but can crop up from variety of backdrop elements that call up various genes. Duflo, (2014) suggested that income itself has relatively low impact on child health. Income, however, matters a lot in context of developing country since economy of a country impacts child health. Therefore, children with low socioeconomic status are more prone to poor health due to the prevailing situation surrounding birth and growth rather than the worse genetic endowment. In a nutshell, the study found that children's health is influenced by socioeconomic variables.

Children's health is impacted by the household's poor socioeconomic situation. Socioeconomic standing is typically determined by combining factors such as work, income, and education. It is generally understood to refer to social status or rank of an individual or organization. When viewed through the lens of social class, the attention is on privilege, power, and control. Additionally, unequal access to and distribution of resources are shown when socio-economic status is examined as a gradient or continuous variable.

These findings are consistent with recent study that high child mortality in Pakistan is a result of the country's poor socioeconomic development and ineffective government efforts to improving children's health (Arif et al., 2004). Like many developing nations, Pakistan continues to make great efforts to lower the rates of maternal and under-five child mortality. Malnutrition is significantly associated with family size. These findings are congruent with research on lack of health services, multiple pregnancies, children with mental and physical disabilities, inadequate nutrition, and environmental contamination are to blame for this issue (Easterly,1999). Due to differences in the availability of health services, insufficient access to education, and low economic resources, children from rural areas are thought to be more susceptible to malnutrition in undeveloped countries. Recent studies have also revealed that mothers' educational levels have a significant influence on their children's health, nutrition, and access to medical care. Insufficient nutrition impacts growth and underweight, while adequate nutrition improves health and disease resistance.

Conclusion and Recommendations

The study's findings indicate that in Punjab province's Sargodha district, children under the age of five are more frequently at risk of malnutrition, which is the primary cause of health problems. This study found that a number of variables, including gender, age, region, level of maternal education, family income, family size, adequate food access, and vaccination coverage, have a significant impact on childhood malnutrition. Male children's nutrient requirements should be appropriately focused on lowering malnutrition vulnerability because they are more prone to malnourished than female children are. It is crucial to increase awareness of trainings and education programs, especially in rural areas, about the nutritional value of food, diseases brought on by nutritional deficiencies, the significance of personal hygiene, the significance of maternal education, the use of treated water, and sanitation facilities in order to combat malnutrition. Government, non-governmental organizations (NGOs), and the community must collaborate to develop and implement nutrition-related policies, policy measures, and awareness campaigns in order to promote child health. Health extension organizations should employ print, social, and electronic media as vital resources for advancing nutrition education about child malnutrition and related preventative measures. To improve a child's nutritional status, proper action must be done to encourage children's vaccination programs for competing immunization, as well as ideal diet for children to boost illness resistance and physical strength. The study recommended that non-governmental organizations (NGOs) take the initiative and raise funds to promote school-based child health programs. Furthermore, the government should educate school administrators and religious institutions on the importance of immunization for all children. The analysis also proposed that, in order to enhance children's health, mother be economically empowered by gaining appropriate skills and trainings through government efforts, and that school-meal facilities be provided to children from low-income families. Government should take serious initiatives to reduce poverty through its social policies.

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